

QUESTIONNAIRE TOBACCO SMOKE RETENTION PROJECT

Test Subject: G Marital Status S ☒ M W D
 Address Columbus, Ohio Sex Male
 Age 63 Occupation Research Date January 15, 1960
 Height (in.) 69 Weight 155

1. Do you smoke? Yes X No

2. Have you ever smoked? Yes X No

If yes, what type, quantity and duration of smoking?

One pack or less of cigarettes per day, pipe sometimes

3. Do you now have a respiratory illness?
(cold, bronchitis, flu, virus, etc.) Yes No X

4. Have you recently had a respiratory illness? Yes No X

5. Do you have any of the following diseases or symptoms?

	Yes	No		Yes	No
Influenza	<u> </u>	<u>X</u>	Heart Disease	<u> </u>	<u>X</u>
Pneumonia	<u> </u>	<u>X</u>	Cough	<u> </u>	<u>X</u>
Sinusitis	<u> </u>	<u>X</u>	Expectoration	<u> </u>	<u>X</u>
Asthma	<u> </u>	<u>X</u>	Wheezing	<u> </u>	<u>X</u>
Tuberculosis	<u> </u>	<u>X</u>	Shortness of Breath	<u> </u>	<u>X</u>
Other Respiratory Disease	<u> </u>	<u> </u>	Chest Pain	<u> </u>	<u>X</u>

Explain yes answers: